

CLAIMS ONLY						Application Number <u>10/814921</u>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Depend	19	◀	◀	◀			
Total Claims	20						
Total Claims							